

A Medical Corpsmen Project

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DURING THE PAST FOUR YEARS reports have been issued dealing with localized, limited projects aimed at utilizing the skills of recently released military medical corpsmen. Only one of these efforts involved the use or extended training of more than a dozen or so men in any one endeavor. At the same time, public statements were being made to the effect that "more than 30,000 such corpsmen" were coming out of the service each year, yet there was little evidence that many of them were being employed in the general private sector for health care services. Questions were constantly being raised in numerous sections of Washington, D.C., regarding "the loss of these men to the health field," methods for recruitment, skills evaluation and employability.

Because of the attention that officers of the Santa Clara County Medical Society had attained in mid-1968 regarding their concerted efforts for a full-scale, community-wide, health manpower utilization program in Santa Clara County, conferences regarding a special military manpower project were initiated by the U.S. Department of Labor.

As a result the Santa Clara County Medical Society entered into a contract with the U.S. Department of Labor (Grant Number 92-05-68-10) as the fiscal agent and administrative arm of the Allied Health Manpower Council of Santa Clara County for the execution of a special military corpsmen study. The goal of the first year was to do a number of things for at least 50 armed services medical corpsmen, but primarily to:

- Provide these discharges with counseling ser-

vices by referral and direct contact with representatives of local health and education agencies;

- Evaluate the individual skills of the discharges and identify training or educational needs to bring him or her up to a level of gainful employment;

- Work with all local health and educational institutions, to arrange for training or job placement or both;

- Work with appropriate state and local agencies to modify licensing procedures or to create "certifications" to permit utilization of these trained discharges.

The California Department of Veterans Affairs reports that 6,000 to 7,000 of these corpsmen released annually return to their home state of California each year. Using a ratio that is applicable to Santa Clara County, as it relates to state population, this would mean that approximately 600 return to Santa Clara County each year, a rate of 50 per month. With such totals from which to work, it seemed that our initial goal of 50 for the first 12 months could be easily achieved. We did not find it so.

In the first 9 months, the Manpower Council was able to process data and make specific contacts, in person or by telephone or correspondence, with 73 released or unreleased medical corpsmen. These were located in the geographical triangle encompassing the territory from downtown San Jose, to downtown Saigon, to shipboard on a Navy vessel in the Bering Sea. The cases are documented.

Project REMED

Project REMED is a nationwide program to give discharged military medical men and women an opportunity to fill critical shortages in civilian

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health occupations. Project REMED has been in operation since January 1968 and is the outgrowth of active cooperation and participation between the departments of Defense, of Labor, of Health, Education, and Welfare, and the Veterans Administration and the American Hospital Association.

Project REMED aims at identification, recruitment, retraining and re-employment of military medical personnel in civilian health occupations. It hopes to identify job opportunities and training or educational opportunities to upgrade abilities of military medical people to meet these needs. The Santa Clara Council expected to make valuable use of REMED.

Project REMED works in this way: at separation centers, each veteran fills out a form developed by the Veterans Employment Service of the U.S. Employment Service which asks his military occupation and skill. A copy is sent to the local office of the State Employment Service closest to the veteran's home. This office endeavors to contact each such veteran, offering a personal interview with the object of placing him in a job or referring him to an educational or training program in the health field. Veterans are urged to contact the employment office if it does not contact them.

The theory of the program is before they are separated from the Armed Forces, men and women will be informed about all of these benefits and will be provided with an outline of the opportunity in the private health field to continue their military occupation experiences. Although there is only scant statistical data, the theory apparently is not working—there have been only 19 such applications in Washington, D.C., and 23 in St. Paul, Minnesota. The office of REMED, in a recently released report, gives five reasons why the program must be restructured or strengthened. Four of the reasons relate to licensure, salary ranges, and state examinations, but the prime one centers on the fact that the contact of such corpsmen at the date of discharge is far too late to direct him effectively to the opportunities in private health fields. In light of these conditions a new tack was taken in the recruitment program in Santa Clara County.

It is recognized that new and realistic evaluation must be made of the compensation levels for new kinds of health workers, particularly in relation to the compensation of existing licensed health professions, before great numbers of potential employees can be enticed into the health services fields.

The Allied Health Manpower Council of Santa Clara County

Although the local U.S. Department of Labor contract for assisting released medical corpsmen is officially with the Santa Clara County Medical Society, the Society has carried on this function through the mechanism of a volunteer community group (incorporation pending) known as the Allied Health Manpower Council of Santa Clara County. The Council is composed of representatives in the health professions (physicians, nurses, LVNs and dentists), administrative branches of four junior colleges, San Jose State College and Stanford University, hospital administrators and nursing home administrators, and two representatives from the racial minority groups. The Council was formed in early 1967 and is occupied with the broad problem of increasing the number of persons being trained and employed in the various health fields in this county. With the ratio of "allied health personnel" having increased from the figures of ten such persons for every one Santa Clara County physician in 1960, to 13 to 1 in 1968, and an expected increase of 17 to 1 in 1973, there appears a statistical potential increase of more than 3,000 new employment opportunities each year, not including required replacements.

The Allied Health Manpower Council has held six meetings per year. It conducts its primary functions through its Executive Committee and its Interview Committee for Military Manpower. The Military Manpower Committee's current function is to interview corpsmen who have been contacted by the Council's paid staff personnel. Committee interview schedules are set up, and present at each is an educator, a physician, a nurse, a representative of the Department of Employment and Lt. Myron Corbett, USN, a former medical corpsman and currently the Medical Administrator at Moffett Field Air Station, Mountain View, California. Lt. Corbett serves as a part-time paid consultant to the Medical Society. (The Society practices what it preaches.)

Of the 73 corpsmen already contacted and interviewed, arrangements have been made for 41 to have either part- or full-time employment in a health situation or full-time enrollment in junior or state college courses leading to employment advancement or eventual licensure, or a combination of these various conditions. A tabulation of the endeavors, enrollment and employment of each person is compiled or revised each month.

Recruiting Medical Corpsmen

The success to date for those who have been contacted rests primarily with Mrs. Margo Savage, director of the State Department of Employment office in San Jose and the valued contacts which have been made by Lt. Corbett in his own (Moffett Field) and other Navy installations located around San Francisco Bay. Lt. Corbett currently has under his command 50 medical corpsmen. He has tabulated the data for the termination of those completing an initial enlistment and those ending a "service career" of 20 or more years. These terminations will total about 24 per year in this installation and Lt. Corbett has little difficulty in personally following the career expectation and future plans of each of his men. Since he has a goal of his own set for a position in the private health field 2 years hence, these activities come quite naturally to him.

There are approximately 65 medical corpsmen at the Alameda Naval Air Station and it is estimated that approximately 30 of them are released per year. The Monterey Naval Station has 30 corpsmen, of whom probably ten per year would be released. Letterman General Hospital in San Francisco has approximately 700 corpsmen, but since most of them are "career men," only about 10 percent, or 70 men, would be released per year.

The U.S. Naval Hospital at Oakland has approximately 700 corpsmen and these are in the same general category as those at Letterman and release of only about 10 percent a year is expected. So far as we know, there is no "Lt. Corbett type" recruiter at the Oakland Hospital or at any of the others. There does exist in Oakland, the I&E office (Information and Education). There, the corpsmen can request such information as is available. But with more than 500 or so different types of education or employment opportunities describable, no special attention is given to any particular field of potential employment. A corpsman who possessed certain craft skills before his enlistment may seek to return to that chosen field when his term of service ends. While he is in the service he can take advantage of the correspondence courses conducted through USAFI of Madison, Wisconsin, and enhance his education with instructions and examination that can help him rise from "high school dropout" to a graduate and then on to completion of college credit courses. In these instances, the man must

seek the information and opportunity on his own initiative, spurred only by infrequent mimeographed memorandums and bulletin board posters. That is not enough to induce him to seek future employment in the health care field in his chosen California community, where he may find himself both state unlicensed and locally unemployed.

At the separation centers, where there might be an opportunity for a more significant contact, the "contact time potential" does not usually exceed 12 hours and his momentary interests are more likely to be his friends, his family, and a warm private bath. His attitude is quite likely to be that his future can wait. Evidence that prior contacts may be more productive, though more difficult to achieve, is contained in the fact that of the 73 contacts we have completed so far, eight involve corpsmen who will be released in 1970, 1971, and 1972. These eight men are very interested in this project; all are seriously exploring suggested sources for additional health career education so that they might attain employment and licensure at as early a date as possible following their release.

As stated in the REMED report, the prime difficulties encountered in corpsmen recruitment are the deterrents to contacting medical corpsmen *before they are released*. It must be realized that these corpsmen are located in almost every military establishment. Contact is extremely difficult and the only new thought and approach to the problem that we have under consideration concerns ways to create contact with the families of corpsmen residing in Santa Clara County. This will be done through the media of newspapers, radio and television appeals. Through such contacts we might be able to determine the approximate discharge date for a number of corpsmen. We would then initiate correspondence and an exchange of information with them through their families and friends.

We believe that the "through-their-families" approach to potential medical corpsmen recruiting should not be attempted in any community unless the following conditions exist: (1) The community's facilities have the capability to provide health care-related study courses that can enhance the corpsman's education to a point where he can qualify for paramedical jobs or become eligible to take a professional licensure examination, and, (2) the community's health services industry and professions have employment opportunities that

are attractive in nature, remunerative, and can be filled by retrained, licensed or unlicensed former medical corpsmen, either male or female. A realistic affirmation of employment opportunity for former corpsmen must be secured from potential employers before "generalized" encouragement is extended to corpsmen through family members in a given community.

Licensure, Certification

Unspecified problems related to licensure and professional liability responsibilities must be resolved jointly by all health professions, their associations and their licensing boards before truly significant strides can be made to greatly expand the total health manpower working force.

The training and medical service experience of corpsmen varies from service to service, but the higher levels of attainment apparently rest with the Navy, the Air Force and the Coast Guard. There is less likelihood of there being great numbers of well qualified corpsmen in the Army since most of the enlistments there are for only 2 years. Most released corpsmen are willing to continue the health related education. Sixty-nine percent of these in the project plan to go on to achieve licensure as an LVN or an RN or to try for an M.D. or a baccalaureate or master's degree. Only 31 percent, so far, are enrolled in Associate Arts Courses.

Recently enacted legislation in California will ease the specific number of months of "military corpsman service" required to qualify for taking either the RN or LVN licensure examination.

At the moment, released corpsmen can take the examination in California for licensure as a psychiatric technician if they take one year of junior college training before the date of the examination. This favorable situation is a temporary one only; it is to expire 1 January 1970. In this contact group, two men are seeking to take this examination, but it is not certain whether they will be able to do so before the expiration date.

Officials of the Allied Health Manpower Council think that the California Medical Association might explore the expansion of such examination privileges for released medical corpsmen in the licensure fields of x-ray technicians, laboratory technicians, inhalation therapists, sanitarians, entomologists and veterinarians. The CMA might also explore, they say, the possible creation of a "certification" status in a variety of fields not cur-

rently covered by licensure requirements and apparently not likely to reach that stage. These include the occupations of orderlies, nurses aides, traction set-up technicians, hospital patient release coordinators, medical claims review specialists, and clinic managers.

Another matter that should be studied, and acted upon if possible, because it is a current deterrent to re-employment and licensure of medical corpsmen, is the time and location of the examinations that are currently being given. For those living in California, some examinations are given only in Berkeley or Sacramento, others only in Los Angeles. More flexible arrangements should be available.

The Great and Mighty Apostrophe

As new health occupations are created, a constantly repeated question concerns whether or not these persons who assist physicians will be "practicing medicine." The answer must continue to be "No." Only a licensed physician can practice medicine. Therefore, the lowly apostrophe may take on a mighty significance in the role of identifying each such "assistant" as an "assistant" to a physician—thus: An orthopedist's assistant, not an orthopedics assistant. If such a concept could be created and maintained, boards of medical examiners might be able to open new channels of services by recognizing that all acts of these new health workers would, for each such act, be under the direct orders and control of a specific individual physician. The one individual physician may change from day to day, or even during a single day (as in the instance of employment in a group practice setting). However, in each instance, the health worker, or "certified assistant" would be a "physician's assistant"—*singular-possessive*.

Conclusions

- For maximum desired results, recruitment of in-service medical corpsmen for employment in civilian health care fields must begin before the corpsman's date of release from service.
- There is not now in force a useful, workable "contact" system to reach corpsmen with civilian health care services education and employment opportunity information before they leave the service.
- The only new approach for pre-release contacts that has been suggested is that of developing contact through local family members of in-service corpsmen.